



# ELEMENTARY CONTINUOUS LEARNING COVER SHEET

1

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

2

## PARENTS/GUARDIANS:

Please initial each activity that your student completes and return only this cover sheet to the feeding site. You may also fill out this form digitally and email it to your teacher.

3

## WEEKLY ACTIVITIES:

April 6 - April 17, 2020

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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29. \_\_\_\_\_
30. \_\_\_\_\_

YOUR TEACHERS WILL BE REACHING OUT  
TO YOU DURING THIS TIME.